2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N00000005751

Entity Name: CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST. JOHNS, INC.

Current Principal Place of Business:

920 THIRD ST.
STE.B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

920 THIRD ST.
STE.B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3669953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 3RD ST.
STE. B
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LALONDE, RICHARD
Address: 4449 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033

Title: PD ( ) Delete
Name: KING, ROBERT
Address: 4535 GOLF RIDGE DR
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: BOYER, STARIA
Address: 4708 BARLETT COURT
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: LOBO, CONNY
Address: 5525 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: MCGRIFF, JOSHUA
Address: 5524 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: LALONDE, RICHARD
Address: 4449 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BOYER, STARIA
Address: 4708 BARLETT COURT
City-St-Zip: ELKTON, FL 32033

Title: V (X) Change ( ) Addition
Name: LOBO, CONNY
Address: 5525 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

Title: T (X) Change ( ) Addition
Name: MCGRIFF, JOSHUA
Address: 5524 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. DENISE WALLACE RA 03/24/2009

Electronic Signature of Signing Officer or Director — Date